

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 19  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 26 / 2014</div> </div>	

Full Name of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date of Public Distribution/Dissemination	
Mailing Address 100 Indiana Avenue, N.W.		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 24 / 2014</div> </div>	
City Washington State DC Zip Code 20001		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">199.74</div>	
Purpose of Expenditure InKind Staff		Transaction ID : <b>D541218</b> Date of Disbursement or Obligation	
Category/Type 001		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 24 / 2014</div> </div>	
Name of Federal Candidate MITCH MCCONNELL		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">32954.95</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date of Public Distribution/Dissemination	
Mailing Address 100 Indiana Avenue, N.W.		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 24 / 2014</div> </div>	
City Washington State DC Zip Code 20001		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">510.40</div>	
Purpose of Expenditure InKind Staff		Transaction ID : <b>D541219</b> Date of Disbursement or Obligation	
Category/Type 001		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 24 / 2014</div> </div>	
Name of Federal Candidate MARK E UDALL		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">13728.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">710.14</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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10 / 17 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 19  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	

Full Name of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">199.74</div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D541224
Purpose of Expenditure InKind Staff	Category/ Type	<div style="border: 1px solid black; padding: 2px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: KY <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

32954.95

Full Name of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">31.73</div>	
City Washington	State DC	Zip Code 20005	Transaction ID : D541227
Purpose of Expenditure InKind Staff	Category/ Type	<div style="border: 1px solid black; padding: 2px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: MI <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

36177.65

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">231.47</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Ms. Elizabeth H Shuler

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 3 OF 19  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY	MM / DD / YYYY
		09 / 26 / 2014	

Full Name of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1325 Massachusetts Ave. NW		Amount 31.73	
City Washington	State DC	Zip Code 20005	Transaction ID : D541228
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 36177.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Voices of the American Federation of Government Employees		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 80 F Street, NW		Amount 1.20	
City Washington	State DC	Zip Code 20001	Transaction ID : D541271
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate CORY GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 13728.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	32.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 4 OF 19  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00484287         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px 5px;">09 / 26 / 2014</div> </div>	

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>			Date of Public Distribution/Dissemination	
Mailing Address 80 F Street, NW			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px 5px;">09 / 24 / 2014</div> </div>	
City	State	Zip Code	Amount	
Washington	DC	20001	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px 10px;"> <span></span> <span>65.40</span> </div>	
Purpose of Expenditure Inkind Staff Travel		Category/ Type	<b>Transaction ID : D541272</b> Date of Disbursement or Obligation	
		002	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px 5px;">09 / 24 / 2014</div> </div>	
Name of Federal Candidate ALISON LUNDERGAN GRIMES			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px 10px;"> <span></span> <span>32954.95</span> </div>				

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>			Date of Public Distribution/Dissemination	
Mailing Address 80 F Street, NW			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px 5px;">09 / 24 / 2014</div> </div>	
City	State	Zip Code	Amount	
Washington	DC	20001	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px 10px;"> <span></span> <span>58.29</span> </div>	
Purpose of Expenditure InKind Staff		Category/ Type	<b>Transaction ID : D541273</b> Date of Disbursement or Obligation	
		001	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px 5px;">09 / 24 / 2014</div> </div>	
Name of Federal Candidate MARK E UDALL			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px 10px;"> <span></span> <span>13728.50</span> </div>				

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px 10px;"> <span></span> <span>123.69</span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px 10px;"> <span></span> <span></span> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px 10px;"> <span></span> <span></span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 19  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 26 / 2014	

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 80 F Street, NW		Amount 95.23	
City Washington	State DC	Zip Code 20001	Transaction ID : D541275
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 13728.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 80 F Street, NW		Amount 65.40	
City Washington	State DC	Zip Code 20001	Transaction ID : D541277
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 32954.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	160.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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10 / 17 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 6 OF 19  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 32.67	
City Washington	State DC	Zip Code 20006	Transaction ID : D541301
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		36177.65	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 7.67	
City Washington	State DC	Zip Code 20006	Transaction ID : D541305
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		13728.50	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	40.34
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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10 / 17 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 19  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 09 / 26 / 2014	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 11.50	
City Washington	State DC	Zip Code 20006	Transaction ID : D541311
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 32954.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 11.50	
City Washington	State DC	Zip Code 20006	Transaction ID : D541316
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 32954.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	23.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 8 OF 19  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 09 / 26 / 2014	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 16.56	
City Washington	State DC	Zip Code 20006	Transaction ID : D541320
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		36177.65	

Full Name of Payee <b>AFT Solidarity 527</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 555 New Jersey Ave. N.W.		Amount 102.75	
City Washington	State DC	Zip Code 20001	Transaction ID : D541325
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		36177.65	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	119.31
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Date

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10 / 17 / 2014

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 19  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014	

Full Name of Payee <b>AFT Solidarity 527</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014	
Mailing Address 555 New Jersey Ave. N.W.		Amount 102.75	
City Washington	State DC	Zip Code 20001	Transaction ID : D541327
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 36177.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014	
Mailing Address 1775 K Street, NW		Amount 115.83	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D541331
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 36177.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	218.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 10 OF 19  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 26 / 2014	

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 24 / 2014	
Mailing Address 1775 K Street, NW		Amount 66.04	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D541332
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 24 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 32954.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 24 / 2014	
Mailing Address 1775 K Street, NW		Amount 155.63	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D541334
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 24 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 36177.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	221.67
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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10 / 17 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 11 OF 19  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 26 / 2014	

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 24 / 2014	
Mailing Address 1775 K Street, NW		Amount 66.04	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D541339
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 24 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 32954.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michigan State AFL-CIO General Fund</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 24 / 2014	
Mailing Address 419 Washington Square, S. #200		Amount 30.23	
City Lansing	State MI	Zip Code 48933	Transaction ID : D541344
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 24 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 36177.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	96.27
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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10 / 17 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 12 OF 19  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00484287         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY 09 / 26 / 2014</div> </div>	

Full Name of Payee <b>Michigan State AFL-CIO General Fund</b>			Date of Public Distribution/Dissemination	
Mailing Address 419 Washington Square, S. #200			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY 09 / 24 / 2014</div> </div>	
City Lansing	State MI	Zip Code 48933	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">30.23</div>	
Purpose of Expenditure InKind Staff		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">001</div>	<b>Transaction ID : D541347</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY 09 / 24 / 2014</div> </div>	
Name of Federal Candidate TERRI LYNN LAND			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">36177.65</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Retail, Wholesale and Department Store Union International Treasury Account</b>			Date of Public Distribution/Dissemination	
Mailing Address 30 E29th St.			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY 09 / 24 / 2014</div> </div>	
City New York	State NY	Zip Code 10016	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">64.32</div>	
Purpose of Expenditure InKind Staff		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">001</div>	<b>Transaction ID : D541349</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY 09 / 24 / 2014</div> </div>	
Name of Federal Candidate GARY PETERS			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">36177.65</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">94.55</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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10 / 17 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 13 OF 19  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 09 / 26 / 2014	

Full Name of Payee <b>NCFO/SEIU 32BJ</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1212 Bath Ave Floor F&O		Amount 36.60	
City Ashland	State KY	Zip Code 41101-2696	Transaction ID : D541351
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		32954.95	

Full Name of Payee <b>NCFO/SEIU 32BJ</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1212 Bath Ave Floor F&O		Amount 36.60	
City Ashland	State KY	Zip Code 41101-2696	Transaction ID : D541352
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		32954.95	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	73.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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10 / 17 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 14 OF 19  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 09 / 26 / 2014	

Full Name of Payee <b>AFSCME for Michigan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1625 L Street, NW		Amount 293.09	
City Washington	State DC	Zip Code 20036	Transaction ID : D541354
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		36177.65	

Full Name of Payee <b>AFSCME for Michigan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1625 L Street, NW		Amount 251.82	
City Washington	State DC	Zip Code 20036	Transaction ID : D541355
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		36177.65	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	544.91
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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10 / 17 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 15 OF 19  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 26 / 2014	

Full Name of Payee <b>AFSCME for Michigan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1625 L Street, NW		Amount 201.67	
City Washington	State DC	Zip Code 20036	Transaction ID : D541359
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 36177.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFSCME for Michigan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1625 L Street, NW		Amount 293.09	
City Washington	State DC	Zip Code 20036	Transaction ID : D541360
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 36177.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	494.76
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 16 OF 19  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 26 / 2014	

Full Name of Payee <b>USW Works</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address <b>FIVE GATEWAY CENTER</b>		Amount 743.16	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D541233</b>
Purpose of Expenditure InKind Staff	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate <b>MITCH MCCONNELL</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		32954.95	

Full Name of Payee <b>USW Works</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address <b>FIVE GATEWAY CENTER</b>		Amount 238.47	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D541234</b>
Purpose of Expenditure InKind Staff	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate <b>MARK E UDALL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		13728.50	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	981.63
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 17 OF 19  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 26 / 2014	

Full Name of Payee <b>USW Works</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address <b>FIVE GATEWAY CENTER</b>		Amount 347.82	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D541239</b>
Purpose of Expenditure Inkind Staff Travel		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate <b>MITCH MCCONNELL</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought		32954.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>USW Works</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address <b>FIVE GATEWAY CENTER</b>		Amount 193.62	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D541248</b>
Purpose of Expenditure Inkind Staff Travel		Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate <b>GARY PETERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		36177.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	541.44
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 17 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 18 OF 19  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 26 / 2014	

Full Name of Payee <b>USW Works</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address <b>FIVE GATEWAY CENTER</b>		Amount 512.78	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D541253</b>
Purpose of Expenditure InKind Staff	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate <b>GARY PETERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		36177.65	

Full Name of Payee <b>USW Works</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address <b>FIVE GATEWAY CENTER</b>		Amount 41.49	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D541256</b>
Purpose of Expenditure Inkind Staff Travel	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate <b>TERRI LYNN LAND</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		36177.65	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	554.27
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

MM / DD / YYYY  
10 / 17 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 19 OF 19  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>0</td><td>9</td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td>2</td><td>6</td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr> </table>		M	M	M	0	9		D	D	D	2	6		Y	Y	Y	Y	Y	Y	2	0	1	4		
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Full Name of Payee <b>USW Works</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr></table>			M	M	M	0	9		D	D	D	2	4		Y	Y	Y	Y	Y	Y	2	0	1	4		
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Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b> <input type="checkbox"/> Oppose																										
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Full Name of Payee <b>USW Works</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr></table>			M	M	M	0	9		D	D	D	2	4		Y	Y	Y	Y	Y	Y	2	0	1	4		
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City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D541265</b>																										
Purpose of Expenditure Inkind Staff Travel		Category/ Type <b>002</b>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td><td></td><td></td></tr></table>			M	M	M	0	9		D	D	D	2	4		Y	Y	Y	Y	Y	Y	2	0	1	4		
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3	2	9	5	.	9	5																							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:100%"><tr><td>1</td><td>0</td><td>8</td><td>3</td><td>.</td><td>6</td><td>3</td></tr></table>	1	0	8	3	.	6	3
1	0	8	3	.	6	3		
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<table border="1" style="display:inline-table; width:100%"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:100%"><tr><td>6</td><td>3</td><td>4</td><td>6</td><td>.</td><td>4</td><td>2</td></tr></table>	6	3	4	6	.	4	2
6	3	4	6	.	4	2		

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Date

M	M	M
1	0	

/ 
 

D	D	D
1	7	

/ 
 

Y	Y	Y	Y	Y	Y
2	0	1	4		

Signature